(ii) VLPT, Kaja—Rs. 83 lakh

(iii) VLPT, Chirgaon—Rs. 81.6 lakh

(c)TwoHPTs(DDl &DD 2) are already functioning in Shimla. At present, there is no approved scheme to upgrade the existing VLPT in Shimla district to HPT.

Incentives under New Population Policy

*674. PROF. M. M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Govemment propose to provide some incentives to the people under the New Population Policy for controlling the population of the country;

(b) if so, the details thereof and if not, the reasons therefor, and

(c) the details of achievements made, so far, in controlling the country's population?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The National Population Policy 2000 (NPP 2000) affirms the commitment of Govemment towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services.

In the past, projects and programmes in the population sector were primarily concerned with increasing numbers and all interventions were designed as centrally administered, method specific and target based, such that these interventions would somehow control the ever growing numbers. During that phase, programmes and interventions focused primarily upon sterilization and on achieving the targets. This was a rigid, inflexible agenda. Health service providers were using incentives and disincentives to comply with and to achieve these targets prescribed.

Over the past seven years there has been a complete change of focus in respect of these interventions, projects and programmes design for the population sector. The word "control" is seen as incorrect in the context of population. Instead, the focus is now on "development", on enabling and empowering women, and is moving towards a multi-sectoral agenda necessarily inclusive of several non-health determinants *viz.,* sanitation, safe drinking water,

housing, enhancing employment opportunities of women and providing connectivity to rural and remote areas alongwith transportation and communication.

Incentives and disincentives have a strange way of affecting severely precisely that segment of population which is least empowered. In the States of Rajasthan, a girl, who gets married before the age of 18 becomes ineligible for a Govemment job. Since she was never consulted before the decision to marry her was made, and she was simultaneously denied equal access to equal education as her male counter-part this disincentive will only succeed in penalizing the victim.

The question of providing disincentives is feasible only at the stage when the answer is in the affirmative to the question whether the facilities for primary health care and primary education, safe drinking water and sanitation, counseling for contraception and availability, as well as transportion, referral services and connectivity have reached every village and town. The fact is that the unmet need for supplies and services, inclusive of remote and rural areas, is far from being fully met in some States and regions.

National Population Policy 2000 has as its immediate objective: "to address the unmet need for contraception, health care infrastructure, and trained health personnel, for integrated service delivery for basic and reproductive child health care." For these reasons, Govemment does not propose to provide incentive/disincentives to people for 'controlling' the population of this country. Govemment is concentrating on increasing the coverage and out-reach of trained and diverse health care providers, commodities, supplies and services such that over a period of time in the short term and in the medium term, the unmet need wtn be met. Once these gaps are bridged then, the eligible couples will opt for the small family norm. In pursuit of this policy, Govemment is vastly encouraged because ten States / UTs have already achieved the replacement levels of fertility without using incentives or disincentives. Another eleven States are closely following this precedent example and are likely to achieve replacement levels at different periods, in the short run. There is admittedly some regional imbalance. Some States continue to lag behind. Govemment is providing focused attention towards these States.

Nevertheless, the National Population Policy 2000 provisions for some promotional and motivational measures as a reward at community levels for

demonstrating improvements in critical family welfare and demographic indicators. Some motivational measures are also addressed to couples that adopt the small family norm.

(c) The results of Census 2001 indicates a perceptible decline in recent years, in the growth rate of the population of India as is indicated in the table below:—

Census Year	Decadal Growth Per cent	Average Exponential Growth (per cent)
1971	24.80	220
1981	24.66	*222*
1991	23.86	2.14
2001	2134	1.93

Progress in Family Welfare key indicators as brought out in Sample Registration System (SRS) conducted by Registrar General is giver in the Table below:—

SI. No.	Indicators	1996	1997	1998	1999	2000
1.	Birth Rate (per 1000 population)	27.5	27.2	*265*	26.1	25.8
2.	Death Rate (per 1000 population)	9.0	8.9	9.0	8.7	8.5
3.	Total Fertility Rate	3.4	3.3	3.2	NA	NA
4.	Infant Mortality Rate (per 1000 live births)	72	71	72	70	68

The National Family Health Survey (NFHS) conducted in 1992-93 and 1998-99 has shown the progress on other Family Welfare indicators as given in the following table:—

Indicators	NFHS I (1992-93)	NFHS II (1998-99)	WHO/UNICEF Survey 2000
% of Mothers Received ANC	44.0	65.3	
Contraceptive Prevalence rate	40.6	48.2	
% Children Fully Immunized	35.4	42.0	56.00
B.C.G.	62.2	72.0	73.00
DPT (3)	51.7	55.0	64.00
Polio (3)	53.4	63.0	72.00
Measels	42.2	51.0	56.00
Institutional Delivery	26.0	33.6	
Safe Delivery	34.2	42.5	

Review of rate structure of DAVP advertisements

*675. SHRI RAMACHANDRA KHUNTIA: Will the Minister of INFORMATION AND BROADCASTING be pleased to state:

(a) whether Govemment have constituted a Committee to carry out a comprehensive review ofexisting rate structure of DAVP advertisements; and

(b) if so, the composition of the Committee alongwith its terms of reference?

THE MINISTER OF INFORMATION AND BROADCASTING (SHRIMATI SUSHMA SWARAJ): (a) and (b) Yes, Sir. The Govemment of India have constituted a Committee on 12.09.2001 to carry out a comprehensive review of existing Rate Structure for the Directorate of Advertising and Visual Publicity (DAVP) advertisements and to suggest a new Rate Structure Formula. The Committee will also recommend the period for which the Rate Structure recommended by it will remain valid. The Committee consists, of the Chief Advisor (Cost), Department of Expenditure, Ministry of Finance as Chairman, the Additional Secretary and Financial Advisor, and the Joint Secretary of the Ministry of Information and Broadcasting and Director, DAVP as Members. Joint Director (Advertising), DAVP is the Convenor of the Committee.